

Children's  
And  
Joint  
Commissioning

**Q**uality  
**S**tandard  
**F**ramework



**Organisation**

**Seymour House Ltd**

**Home**

**Seymour House**

**Responsible Person**

**Steve McDermott**

**Date of Report**

**01.03.2023**

**Contracts and Quality Officer**

**Graeme Martin**

## Overview of Home

Seymour House provides nursing care for up to 20 residents who have mental health needs. The general standard of care at Seymour House is good and all staff display caring attitudes towards residents.

Many of the staff who work at Seymour House have done so for a number of years and this helps to create a pleasant atmosphere to live and work.

The home is open and transparent when it comes to safeguarding and any issues or concerns are reported without delay.

Care plans are person centred, reflect the needs and wishes of the residents and are they updated in a timely manner.

Some gaps were identified though and these mainly centred on the fact that staff training had lapsed in a number of areas. The manager is aware of this and is actively sourcing additional training to ensure staff have the most up to date skills necessary to safely carry out their roles.

## Summary of Outcomes

Overall the service has maintained grade 1 status.

Date of Report - 01-Mar-2023

**Person Centred Care**

- 1 - Assessment & Review
- 2 - MCA & Consent
- 3 - DoLS
- 4 - Nutrition & Hydration
- 5 - Promoting Dignity, Autonomy & Choice

**Determination**

Fully Met

Fully Met

Fully Met

Fully Met

Fully Met

**Safe Care and Treatment**

- 6 - Safeguarding/Understanding Safeguarding
- 7 - Medication
- 8 - Infection Control
- 9 - Premises & Equipment
- 10 - Health & Safety
- 11 - Moving & Handling

Fully Met

Fully Met

Fully Met

Fully Met

Fully Met

**Governance**

- 12 - Leadership & Management
- 13 - Staffing, Recruitment, Support & Learning
- 14 - Quality Assurance
- 15 - Complaints

Substantially  
Met

Substantially  
Met

Fully Met

Fully Met

## **Person Centred Care**

### **1 - Assessment & Review**

#### **Determination - Fully Met**

All people receiving the service have a written care plan that is monitored, periodically evaluated and reviews are recorded to ensure the information is up to date and accurate.

People's physical, mental health and social needs are holistically assessed, and their care, treatment and support is delivered in line with legislation, standards and guidance, to achieve effective outcomes.

People's care records are accurate, complete, legible, up-to-date, securely stored and available to relevant staff so that they support people to stay safe.

Technology and equipment is used to enhance the delivery of care and support, and to promote people's independence.

Staff work together to ensure that people receive consistent, timely, coordinated, person-centred care.

People's day-to-day health and wellbeing needs are met.

The service ensures that people can understand the information and explanations about their healthcare and treatment options, including medicines, and their likely outcomes.

People are regularly involved in monitoring their health.

People can access care, support and treatment in a timely way and referrals are made quickly to appropriate health services when people's needs change.

People contribute to planning their care and support, with their strengths, levels of independence and quality of life are taken into account.

People's care plans reflects their physical, mental, emotional and social needs and incorporate their personal history, individual preferences, interests and aspirations. Care plans are understood by staff so people have as much choice and control as possible.

The service identifies and meets the information and communication needs of people with a disability or sensory loss. Information is recorded, highlighted and shared with others when required with the consent of the person.

The service shares appropriate information and assessments with other relevant agencies for the benefit of people who use the service.

People's preferences and choices for their end of life care are recorded, reviewed and communicated and acted on where possible.

People, and their family, friends and other carers are involved in planning, managing and making decisions about their end of life care including advanced decisions made in line with the Mental Capacity Act 2005.

People are reassured that their pain and other symptoms will be assessed and managed effectively as they approach the end of their life, including having access to support from specialist palliative care professionals.

The service has trained staff including qualified nurses who would quickly be able to identify people in the last days of life whose condition may be unpredictable and change rapidly and, where required ensures that people have rapid access to support, equipment and medicines.

Although there has been no recent examples, the manager explained what the service would do to support people's families, other people using the service and staff when someone dies.

Whilst there are no recent examples, the manager explained what arrangements are in place for ensuring that the body of a person who has died is cared for in a culturally sensitive and dignified way.

The Home has demonstrated achievement of this outcome.

## **2 - MCA & Consent**

### **Determination - Fully Met**

Staff recognise when people need and want support from their carers, advocates or representatives to help them understand and be involved in their care, treatment and support and staff help people to get this support. However, a formal process to record when people have been visited, particularly those with RPR's, would make this process more robust.

The service provides information to people, their families and other carers about external bodies, community organisations and advocacy services that can provide independent support and advice about their care, treatment and support.

Staff understand the relevant consent and decision-making requirements of legislation and guidance, including the Mental Capacity Act 2005 and other relevant national guidance.

People are supported and are given the information and explanations they need to make their own decisions in line with relevant legislation and guidance.

Decisions around a persons possible lack of mental capacity are assessed and recorded.

The process for seeking consent is monitored and reviewed to ensure it meets legal requirements and follows relevant national guidance.

When people lack the mental capacity to make a decision, staff ensure that best interest decisions are made in accordance with legislation.

There are arrangements for people to be involved in decisions about managing risks appropriately including positive risk taking.

Risk management policies and procedures are in place to minimise restrictions on people's freedom, choice and control, in particular for people who lack mental capacity.

Staff understand, prevent and manage people's behaviour that challenges whilst ensuring the individual is supported appropriately. However, training has lapsed during the pandemic and the manager needs to address this as a priority.

The Home has demonstrated achievement of this outcome.

### **3 - DoLS**

#### **Determination - Fully Met**

The service promotes supportive practice that avoids the need for physical restraint and where restraint is necessary, the service ensures that it is used in a safe, proportionate, and monitored way as part of a person-centred support plan. However, training has lapsed during the pandemic and the manager needs to address this.

Although not currently relevant, staff would recognise when people who lack mental capacity are being deprived of their liberty and they would seek authorisation to do so when considered necessary and proportionate. However, training in this area has lapsed during the pandemic and the manager needs to address this.

Staff understand the difference between lawful and unlawful restraint practices but training in this area has lapsed during the pandemic and the manager must also address this.

There is a basic system of monitoring to ensure the person's representative maintains regular contact with the person and acts when contact is not maintained. However, a formal process to record when people have been visited, particularly those with RPR's, would make this process more robust.

No people currently living at the home are subject to DoLS authorisations so it not possible to verify how conditions are recorded within care plans.

Management has oversight on the process to ensure where a restriction may actually amount to a deprivation of liberty.

The Home has demonstrated achievement of this outcome.

### **Outcome 4 - Nutrition & Hydration**

#### **Determination - Fully Met**

People are involved in decisions about what they eat and drink and their cultural and religious preferences are recorded, reviewed and acted upon.

People have access to dietary and nutritional specialists to help meet their assessed needs if required. There are sufficient quantities of food and drink at mealtimes in line with people's preferences.

Risks to people with complex needs or lack capacity are identified and managed in relation to their eating and drinking.

The manager must ensure that all relevant staff have food hygiene training to ensure the correct procedures are in place and followed wherever food is prepared and stored.

People have accurate nutrition and hydration assessments for eating and drinking which are carried out by knowledgeable staff.

Where people require support with eating, encouragement and prompting is done in a compassionate way that maximises people's independence and maintains their dignity. People do not feel rushed at mealtimes.

The service is aware of specialist diets, allergies, choking risks and lifestyle choices, and these are recorded, kept up to date and shared as appropriate.

No one has need for specialist equipment but the manager confirmed that it would be made available should it be needed.

Drinks are offered throughout the day and when required people's intake is monitored to ensure their assessed needs are being met. Snacks are offered outside of mealtimes and are available any time of day upon request.

People can choose the location of where they eat including the dining room, their own room or communal areas and are supported to do so.

People are offered a choice of food and drink and this is served at an appropriate temperature.

The Home has demonstrated achievement of this outcome.

## **5 - Promoting Dignity, Autonomy & Choice**

### **Determination - Fully Met**

People are treated with kindness, respectfulness and compassion in their day-to-day care and are supported by staff who act in their best interests.

The service makes sure that people, and those close to them, feel like they matter, and that staff listen to them and talk to them appropriately and in a way they can understand.

People are actively involved in developing the service including: • deciding how they choose to spend their day • planning activities and outings • decisions around personal care and how and when help is provided • devising menus and the timing and place of meals, and • people are consulted when alterations to their living space is planned.

Staff seek accessible ways to communicate with people (when their protected and other characteristics under the Equality Act make this necessary) to reduce or remove barriers.

Staff know the people they are caring for and supporting, including their preferences, personal histories and backgrounds.

Staff show concern for people's wellbeing in a caring and meaningful way and respond to their needs in a timely manner.

Staff make sure that people's privacy and dignity needs are understood and respected.

People receive support to be independent. Their wishes are recorded, reviewed and acted upon wherever possible.

People's relatives and friends are made to feel welcome and are able to visit without being unnecessarily restricted. There are arrangements to encourage relatives and friends to provide feedback on the service.

Processes are in place to ensure there is no discrimination when making care and support decisions.

People are supported to follow their interests and take part in activities that are appropriate to them including in the wider community.

The service ensures that people are encouraged and supported to develop and maintain relationships with people that matter to them, both within the service and the wider community to avoid social isolation.

The service does not have a nominated Dementia lead(s) to oversee and continually drive standards in dementia care.

The Home has demonstrated achievement of this outcome.

## **Safe Care & Treatment**

### **Outcome 6 - Safeguarding/Understanding Safeguarding**

#### **Determination - Fully Met**

Safeguarding systems, processes and practices are in place, staff are aware and any updates are communicated to staff.

Systems, processes and practices protect people from abuse, neglect, harassment and breaches of their dignity and respect. Staff can recognise signs of potential abuse and know what to do when abuse is suspected.

Processes are in place to ensure people are protected from discrimination, harassment and abuse, in line with the Equality Act.



People are supported to understand what safeguarding means, and they are encouraged to raise any concerns. If people are subject to a safeguarding investigation, they are supported during this process.

Staff understand their responsibilities to raise concerns, to record safety incidents, concerns and near misses, and to report them internally and externally, where appropriate.

There are processes for reviewing and investigating safeguarding incidents when incidents occur.

Safeguarding investigations, reviews and audits ensure lessons can be learned to improve how care, treatment and support is delivered.

The Home has demonstrated achievement of this outcome.

### **Outcome 7 - Medication**

#### **Determination - Fully Met**

The medication outcome has been assessed by the Medicines Optimisation Service further information can be found in the Assessment Report dated 06-Jan-2023 appended to this report.

Minor areas have been identified for improvement and the home are working towards an action plan.

The Home has demonstrated achievement of this outcome.

### **Outcome 8 - Cleanliness and infection control**

#### **Determination - Fully Met**

There are suitable arrangements for making sure that premises are kept clean and hygienic so that people are protected from infections and a range of risk assessments are in place and updated regularly.

Staff understand their roles and responsibilities in relation to infection control and hygiene.

Policies and procedures are maintained and followed however a review of this is necessary to ensure they are kept in line with current national guidance.

The service ensures that it alerts the right external agencies (e.g. HBC, visitors and professionals) to concerns around infections that affect people's health and wellbeing.

The home has a domestic schedule in place.

There is a system in place to manage the occupational health needs and obligations of staff in relation to infection.

The Home has demonstrated achievement of this outcome.

### **Outcome 9 - Premises & Equipment**

#### **Determination - Fully Met**

Technology is used to support people to receive timely care and support and is easy to use.

Regular health and safety checks of bedrooms and communal areas ensure that people are supported to stay safe. Any issues identified are resolved in a timely manner.

When things go wrong, lessons are learned, themes are identified, and action is taken as a result of reviews and investigations.

Learning from lessons is shared to make sure that action is taken to improve safety across relevant parts of the service.

The service has arrangements to respond to relevant external safety alerts, recalls, inquiries, investigations and reviews. Information is shared to staff when appropriate.

People are involved in decisions about the environment.

People have access to appropriate spaces: • in gardens and other outdoor spaces • to see and look after their visitors • for meaningful activities • to spend time together • to be alone.

The signage, decoration and other adaptations to the premises help to meet people's needs and promote their independence. Changes to the environment are managed to avoid causing distress to people who live there.

Any specialist equipment such as the stairlift is maintained by an external company. No one currently living at Seymour House requires hoist transfer.

The service maintains and follows policies and procedures in line with current relevant national guidance.

The Home has demonstrated achievement of this outcome.

### **Outcome 10 - Health & Safety**

Due to unforeseen circumstances it has not been possible to fully complete the Health & Safety Assessments for inclusion in this report. The home has therefore been awarded a notional 30 points which is the maximum points available for health & safety. The Council will continue to progress the assessments outside of the QSF reporting process.

## **Outcome 11 - Moving & Handling**

### **Determination - Fully Met**

No people currently living at the home require assistance with moving & handling. The manager must ensure that all relevant training and policy information is current and up to date.

Moving and Handling risk assessments are in place for some residents who need them and they are reviewed regularly.

If needed professional instruction would be detailed in people's support plans.

No people currently living at the home require assistance with transfers.

Some of the more elderly residents living at the home are offered reassurance with mobility issues when needed in a compassionate manner by staff.

Staff training has lapsed in this area. The manager needs to ensure that all have up to date moving & handling training.

No people currently living at the home need equipment for assistance with mobility.

No equipment is currently used specifically for the purpose of moving & handling.

There have been no near misses or accidents whilst hoisting in the last 12 months.

The Home has demonstrated achievement of this outcome.

## **Governance**

### **Outcome 12 - Leadership & Management**

#### **Determination - Substantially Met**

There are arrangements included within the rotas, for making sure that staffing levels are sufficient, staff have the right mix of skills, competencies, qualifications, experience and knowledge, to meet people's individual needs and personal preferences are accounted for where possible. However, during the latest period of review staff training has lapsed in a number of areas. The manager must address this as a priority and ensure a full schedule of training is implemented in 2023.

The manager is aware of the day-to-day culture in the service including the attitudes, values and behaviour of staff. He encourages staff to feel positive and proud to work in the organisation.

The service promotes and supports fairness, transparency and an open culture for staff.

The manager makes sure that staff are supported, respected and valued. Their rights and wellbeing are protected and they are motivated, and caring.

The service shows honesty and transparency from all levels of staff and leadership following an incident. This is shared with people using the service and their families in line with the duty of candour. The service ensures people are supported when incidents occur.

The manager has the skills, knowledge, experience and integrity needed to lead effectively.

The service has a clear vision and a set of values and the manager make sure these are promoted and understood by staff and embedded into practice.

The leadership is visible and capable at all levels and inspires staff to provide a quality service.

Managers and staff have a shared understanding of the key challenges, achievements, concerns and risks.

The organisation promotes equality and inclusion within its workforce.

There is a registered manager in post.

The registered manager understands their responsibilities and are supported by the regional manager and the provider to deliver what is required.

All relevant legal requirements are understood and met, including CQC registration requirements, safety and public health related obligations, and the submission of notifications. Managers understand recommendations made by CQC, keep up-to-date with relevant changes and communicate them to staff.

Staff are actively involved in developing the service. They are encouraged to be involved in considering and proposing new ways of working, including ways of putting values into practice.

There are strong links with the local community which have a positive impact on the service.

The service works in partnership with key organisations, including the local authority, safeguarding teams and clinical commissioning groups and multidisciplinary teams, to support care provision, service development and joined-up care and does so in an open, honest and transparent way.

The service gives staff the time and support they need to provide care and support in a compassionate and personal way. However, it is evident that staff training has lapsed in a number of key areas and the manager must ensure that this is always kept up to date.

The service has clear disciplinary procedures which are followed when it identifies that staff are responsible for unsafe practice.

The Home has not demonstrated achievement of this outcome.

Failure to ensure staff are fully trained may put individuals at risk.

The level of impact has been assessed as low – there is no or minimal impact on residents.

The likelihood that the impact will happen or recur has been assessed as possible – the impact may happen/recur but it is not a persistent issue.

### **Outcome 13 - Staffing, Recruitment, Support & Learning**

#### **Determination - Substantially Met**

All staff have received appropriate induction upon commencement of employment.

Staff receive feedback from managers in a constructive and motivating way, which enables them to know what action they need to take.

The service makes sure that responsibility and accountability is understood at all levels which promotes the delivery of high-quality, person-centred care.

There are clear and transparent processes for staff to account for their decisions, actions, behaviours and performance.

Staff are supported and protected when raising concerns and questioning practice including whistle-blowers.

Safety is promoted in recruitment practices, arrangements to support staff, training arrangements, disciplinary procedures and observations.

Staff receive effective training in safety systems, processes and practices and this is reviewed regularly.

Staff respond in a compassionate, timely and appropriate way when people experience physical pain, discomfort or emotional distress.

People have their assessed needs, preferences and choices met by experienced staff with the right qualifications, skills and knowledge. However, during the latest period of review training for staff has lapsed in a number of key areas. The manager must address this as a priority.

Staff are supported to keep their professional practice and knowledge updated in line with best practice.

Staff know and understand what is expected of them and this is reinforced with regular support, supervision, appraisal and training.

Staff teams work collaboratively, share responsibility and resolve conflict quickly and constructively. There are cooperative, supportive and appreciative relationships among staff.

There are effective systems of communication to ensure information is shared timely and appropriately so staff can carry out their roles and responsibilities effectively.

The Home has not demonstrated achievement of this outcome.

Staff training in a number of key areas has lapsed.

The level of impact has been assessed as low – there is no or minimal impact on residents.

The likelihood that the impact will happen or recur has been assessed as possible – the impact may happen/recur but it is not a persistent issue.

## **Outcome 14 - Quality Assurance**

### **Determination - Fully Met**

The service maintains a log of whistleblowing, staff concerns, safeguarding and accidents or incidents and investigates each incident thoroughly. Plans are developed and monitored to ensure actions are completed.

When incidents occur they are analysed to look for common themes and trends to ensure lessons are learned.

Lessons learned from incidents are shared with staff to improve service delivery and prevent reoccurrence.

The service ensures that its approach to quality is integral and all staff are aware of potential risks that may compromise quality.

The service enables and encourage accessible open communication with all people who use the service including their family, friends, staff and representatives.

People's views and experiences are gathered and acted on to shape and improve the services and culture.

Resources and support is available to develop staff however training lapsed in a number of key areas during the last period of review.

Quality assurance systems enable the service to evaluate and learn from current performance ensuring continuous improvement and to improve future performance.

Success and innovation is recognised, encouraged and implemented.

Information from incidents, investigations and compliments are evaluated. Lessons are learned and changes are made if required.

The service ensures that the delivery of care, treatment and support is in line with current local and national guidance.

Information technology systems are not used to help effectively monitor and improve the quality of care.

The provider is accredited as standards are met or approaching standards in the DPST Toolkit.

The Home has demonstrated achievement of this outcome.

## Outcome 15 - Complaints

### **Determination - Fully Met**

People who use the service are provided with information on how to make a complaint or raise concerns and this is regularly promoted.

The complaints process is accessible, is easy for people to raise a concern or complaint and is encouraged.

There is a formal log of complaints which is kept up to date. Complaints are handled effectively with openness, transparency and confidentiality. The complainant receives regular updates, a timely response and an explanation of the outcome including the appeals process.

People who raise concerns or complaints are protected from discrimination, harassment or disadvantage and are supported throughout the process.

Concerns and complaints are used as an opportunity to learn and promote continuous improvement and examples of this were evidenced.

The Home has demonstrated achievement of this outcome.

Date	Home	Total Points	Outcome of assessment	No. of points achieved
01 March 2023	Seymour House			
<b>Person Centred Care</b>		<b>270</b>		<b>270.0</b>
	1 - Assessment & Review	70	Fully Met	70.0
	2 - MCA & Consent	70	Fully Met	70.0
	3 - DoLS	30	Fully Met	30.0
	4 - Nutrition & hydration	70	Fully Met	70.0
	5 - Promoting Dignity, Autonomy & Choice	30	Fully Met	30.0
<b>Safe Care and Treatment</b>		<b>260</b>		<b>239.0</b>
	6 - Safeguarding/Understanding Safeguarding	70	Fully Met	70.0
	7 - Medication	70	Fully Met	70.0
	8 - Infection Control	30	Fully Met	30.0
	9 - Premises & Equipment	30	Fully Met	30.0
	10 - Health & Safety	30		9.0
	11 - Moving & Handling	30	Fully Met	30.0
<b>Governance</b>		<b>220</b>		<b>164.0</b>
	12 - Leadership & Management	70	Substantially Met	42.0
	13 - Staffing, Recruitment, Support & Learning	70	Substantially Met	42.0
	14 - Quality Assurance	70	Fully Met	70.0
	15 - Complaints	10	Fully Met	10.0
<b>Environmental Standards</b>		<b>250</b>		<b>200.0</b>
<b>Total of Overall Outcomes</b>				
	Fully Met	12	80.0%	
	Substantially Met	2	13.3%	
	Partly Met	1	6.7%	
	Not Met	0	0.0%	
	**To be recorded	0	0.0%	
	<b>Total</b>	<b>15</b>		
<b>Total Points</b>	<b>Person Centred Care</b>	<b>270.0</b>		<b>270.0</b>
	<b>Safe Care and Treatment</b>	<b>260.0</b>		<b>239.0</b>
	<b>Governance</b>	<b>220.0</b>		<b>164.0</b>
	<b>Environmental Standards</b>	<b>250.0</b>		<b>200.0</b>
		<b>1000</b>		<b>873</b>
	<b>Banding :</b>	<b>Grade 1</b>		